

Please return to:

Last names beginning with A – F - Connie Brickner – Ext 4757;

Last names with G – N - Lisa Gates – Ext 3619

Last names with O – Z - Lisa Sullivan – Ext 7624

Please send in the campus mail to Box 46, GEB 274, upon return from FMLA Leave. Chronic intermittent absences require completion of this form each time FMLA time is used, or on a summary basis.

FMLA REPORT OF ABSENCE FORM

Name _____ ID# _____

Note: This form does not replace Report of Absence (ROA) forms for salaried employees or hourly time cards.

This form is to be used to report absences covered under FMLA. Please list below each date of absence and how the time is to be "charged"; i.e., sick leave, vacation time, personal day, floating holiday, short term disability, or unpaid leave.

Please report both paid and unpaid time used for your own serious illness, or an absence for which you are needed to care for an eligible ill family member (parent, spouse or dependent child).

Start date of FMLA absence: _____

End date of FMLA absence: _____

EXAMPLE:

Date(s) 10/19/08 Code Charged: Sick No. of Hours 8

Date(s) 10/20/08 Code Charged: Vacation No. of Hours 8

Date(s) 10/21/08 – 11/23/08 Code Charged: Short Term Disability No. of Hours 192

Date(s) _____ Code Charged: _____ No. of Hours _____

Date(s) _____ Code Charged: _____ No. of Hours _____

Date(s) _____ Code Charged: _____ No. of Hours _____

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Date(s) _____ Code Charged: _____ No. of Hours _____

Date(s) _____ Code Charged: _____ No. of Hours _____

Employee's Signature _____ Date: _____

Supervisor's Signature _____ Date: _____